

FOR DEPART	TMENT USE ONLY
Date Received:	Application Number:
Received by:	

TREE PRESERVATION PROGRAM 1700 Convention Center Drive Miami Beach, FL 33139 www.miamibeachfl.gov Tel: 305-673-7722

Received by:			TREE PERMIT A	Tel: 305-673-7722
APPLICATION TYPE: □ Removal □	Relocation	☐ Removal & Relocation	n	☐ Extension
AFTER-THE-FACT: ☐ Yes ☐ No				
Application must be filled out in its entirety.  APPLICANT/PROPERTY OWNER If Tenant is applyi Signature is required for application acceptance.		's APPLICANT'S AUTHORIZE information for the Agent that	ED PERMIT AGENT/TENAN is authorized by the owner to on relating to the application and	process the application,
Name		Name		
Address	Suite	Address		Suite
City State	Zip Code	City	State	Zip Code
E-Mail Address		E-Mail Address		
Daytime phone Cell Phone		Daytime phone	Cell Phone	
Folio #(s): Site Address: Does intended use of property require re-zoning City:  2. CURRENT USE/LOCATION OF TREES (6)	g or plat? □ Y	Yes □ No		
☐ Single Family ☐ Multi-Family	□ Com	nmercial 🗆 Busine	ess □ Swale/R	Right-of-Way
3. WORK DESCRIPTION:  Building permit process number (If Applicable):	or relocated. Inc	clude trees affected by improp	per trimming or removed	without a permit:
Location of the tree(s) stated above:  Reason for permit request:				
Attachments (check all that apply): (e.g. site sketch,  ☐ Site Sketch ☐ Plans ☐ Photogra		rist Assessment ☐ Tree Sur	vey □ Other:	

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## 4. IMPORTANT NOTICE TO APPLICANT:

The written consent of the Property Owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Property Owner consent portion of the application is completed below. You have the obligation to notify the Department in writing of any changes to information provided in this application.

Application is hereby made for a City of Miami Beach tree permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I am authorizing the Applicant's Authorized Permit Agent, listed on page 1 of this application, to process the application, furnish supplemental information, and bind the property owner(s) to all requirements of this application/permit document, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of the City of Miami Beach for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

AUTHORIZED AGENT/JOINT VENTURE: Under the penalty of perjury, I certify that I have the authority to sign this application/permit document on behalf of the Property Owner, to bind the Property Owner, and if so required to authorize the issuance of a bond on behalf of the Property Owner. (If asked, you must provide proof of such authority to the Department).

\*\*\* PLEASE NOTE: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. \*\*\*

	I/We are the fee simple owner(s) of the re Beach, Florida, otherwise identified				
	City of Miami Beach tree permit to perform consent to the work described in this tree p	n the work o	n the subject property, as	r with the contents of this application described in this application. I/we	
	<ul> <li>□ Individual Property Owner</li> <li>□ Tenant (Requires Property Owner's Sig</li> <li>□ Authorized Representative</li> <li>□ Joint Venture (Each party must sign be</li> </ul>	·	than two members, list on	additional signature page)	
	Print Name	Signature		Date	
	Print Name	Signature		Date	
	Drint Name of Applicant (5.4.4)				
	Print Name of Applicant (Enter the complete name	as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation	
	ATE OF FLORIDA, COUNTY OF			, .	
	ATE OF FLORIDA, COUNTY OFe foregoing instrument was acknowledged befo	ore me this	 day of	, 20, by	Pormit
The	ATE OF FLORIDA, COUNTY OF	ore me this	 day of	, 20, by	Permit
The	ATE OF FLORIDA, COUNTY OFe foregoing instrument was acknowledged befo	ore me this	 day of	, 20, by	Permit
The	ATE OF FLORIDA, COUNTY OF  foregoing instrument was acknowledged before the control of th	ore me this (name	day of of person) as property	, 20, by owner (set forth with this Tree	Permit

## **PLEASE REVIEW ABOVE**

Appropriate signature(s) must be included in Section 5 (Property Owner or other Applicant)



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## TREE PERMIT APPLICATION

Tree Permit Application Additional Signatures Page (Please attach to Tree Permit Application if Needed)

( )			
Address:			
PROPERTY OWNE	R IS AN INDIVIDUAL		
Signature of Property C	Owner Print Pro	perty Owner's Name	Date
Signature of Property C	Owner Print Pro	perty Owner's Name	Date
	OWNER IS OTHER THAN AN IND n, Partnership, Trust, LLC, LLP, etc.)	IVIDUAL OR NATURAL PERSON	ı
Print Name of Property	Owner (Enter the complete name as regisi	ered) Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation
Owner, to bind the Pr	perjury, I certify that I have the autho operty Owner, and if so required to	authorize the issuance of a bond of	on behalf of the Property Owner
Owner, to bind the Prasked, you must pro	operty Owner, and if so required to vide proof of such authority to the verning documents, operating agre	authorize the issuance of a bond of Department). ***Please Note: If a	on behalf of the Property Owne additional signatures are requ
Owner, to bind the Prasked, you must propursuant to your go	operty Owner, and if so required to vide proof of such authority to the verning documents, operating agre	authorize the issuance of a bond of Department). ***Please Note: If a	on behalf of the Property Owne additional signatures are requ
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Owner, to bind the Prasked, you must propursuant to your go additional signature p	operty Owner, and if so required to vide proof of such authority to the verning documents, operating agreages. ***  Print Name	authorize the issuance of a bond of Department). ***Please Note: If a ements, or other applicable agree	on behalf of the Property Owner additional signatures are requiements or laws, you must at   Date
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